

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lyne

Cartridge or Bag Filtration

Month/Year: Dec. 2022

System Name: Camp Baker BSA ID# 41-91786 WTP ID: \_\_\_\_\_

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	25	29	(4)	25		.26
2	23	26	(3)			.39
3	34	36	(2)			.38
4	33	35	(2)			.20
5	32	35	(3)			.14
6	33	36	(3)			.43
7	22	25	(3)			.20
8	28	31	(3)			.31
9	23	26	(3)			.72
10	33	35	(2)			.39
11	26	29	(3)			.21
12	25	28	(3)			.26
13	38	(40)	(2)			.30
14	34	37	(3)			.50
15	35	37	(2)			.78
16	29	31	(2)			.14
17	27	30	(3)			.35
18	31	34	(3)			.12
19	33	36	(3)			.22
20	30	33	(3)			.05
21	29	32	(3)			.66
22	24	27	(3)			.08
23	24	28	(4)			.26
24	25	28	(3)			.17
25	26	<del>30</del>	(4)			.19
26	25	28	(3)			.44
27	33	36	(3)			.16
28	<del>33</del>	36	(3)			.83
29	30	32	(2)			.32
30	28	32	(4)			.21
31	30	34	(4)			.26

1010 A  
350P  
10A  
840 A  
1P  
130P  
1220P  
610A  
1050 A  
1145 A  
1040 A  
1150A  
755 A  
1225P  
1105 A  
1105 A  
1025 A  
1025 A  
1135 A  
130P  
250P  
1250P  
320P  
210P  
135P  
255P  
3P  
430P  
1240P  
130P  
1230P

<b>Cartridge Filtration Monthly Summary</b> 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter - after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.		PRINTED NAME: <u>Stan Anderson</u> SIGNATURE: <u>[Signature]</u> DATE: <u>12/31/22</u> PHONE #: <u>(541) 997-3526</u> CERT #: <u>N/A</u>	

# OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker B.S.A** ID #41: **91786** WTP: Month/Year: **Dec. 2022**

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
11	2.50	45	112.50	16.8	6.1	24	y	12.1
21	2.50		112.50	16.9	6.3	24	y	
31	2.50		112.50	16.2	6.2	24	y	
41	1.87		84.15	16.2	6.1	23	y	
51	2.50		112.50	16.1	6.2	24	y	
61	2.50		112.50	17.7	6.6	29	y	
71	1.39		62.55	15.4	5.8	18	y	
81	1.49		67.05	15.1	6.1	22	y	
91	2.50		112.50	16.5	6.3	24	y	
101	2.50		112.50	16.7	6.9	29	y	
111	1.47		66.15	15.6	6.0	19	y	
121	.95		42.75	13.2	5.4	26	y	
131	1.47		66.15	10.3	5.6	28	y	
141	1.03		46.35	13.4	6.1	3.2	y	
151	1.78		80.1	10.5	6.0	29	y	
161	.95		42.75	10.6	5.8	26	y	
171	1.80		81.00	10.2	5.4	29	y	
181	1.30		58.50	11.3	6.1	33	y	
191	1.24		55.80	10.5	5.7	27	y	
201	1.69		76.05	10.7	6.4	34	y	
211	2.40		108.00	11.4	6.2	36	y	
221	1.24		55.8	13.1	5.9	27	y	
231	1.94		87.3	11.0	6.0	29	y	
241	1.92		86.4	10.9	5.8	29	y	
251	2.16		97.2	14.6	5.7	30	y	
261	2.34		105.3	12.5	5.7	30	y	
271	2.50		112.50	12.7	6.2	37	y	
281	1.13		50.85	12.6	5.9	27	y	
291	1.82		81.90	12.6	5.5	29	y	
301	.72		32.40	13.5	5.4	26	y	
311	.69		31.05	13.5	6.0	26	y	

1010A  
350P  
10A  
840A  
1P  
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1220P  
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1050A  
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755A  
1225P  
1105A  
1105A  
1025A  
1025A  
1135A  
130P  
250P  
1250P  
320P  
210P  
135P  
255P  
3P  
430P  
1240P  
130P  
1230P

If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. Revised October 2013  
Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)